Image# 14941878886 PAGE 1 / 191

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| T OTTIM OX | For Other Than An Au | ithorized Committee | Office Use Only |
|---|--------------------------------|--|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| AMERICAN COLLEG | E OF NURSE-MIDW | VIVES MIDWIVES-PA | C |
| | | | |
| ADDDECC () | 8403 Colesvile Road | | |
| ADDRESS (number and street) | Suite 1550 | | |
| Check if different than previously | Silver Spring | | , MD , 20910 , , |
| reported. (ACC) | | | |
| 2. FEC IDENTIFICATION N | UMBER ▼ C | CITY A | STATE ▲ ZIP CODE ▲ |
| C C00358812 | 3. | IS THIS REPORT X NEW (N) | OR AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | eb 20 (M2) May 20 ar 20 (M3) Jun 20 (| (M6) Sep 20 (M9) Dec 20 (M12) |
| (a) Quarterly Reports: | | | (Non-Election Year Only) |
| April 15 Quarterly Report (| Q1) | | |
| July 15 Quarterly Report (| (C) 12-Day | Primary (12P) | General (12G) Runoff (12R) |
| October 15 | Report for the: | Convention (12C) | Special (12S) |
| Quarterly Report (January 31 Year-End Report (| | tion on | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | t | tion on | in the State of |
| 5. Covering Period 0 | 06 01 2014 | Y Y | 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| I certify that I have examined t | his Report and to the best of | of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of Treasure | er Meredith M. Graham | | |
| Signature of Treasurer Mer | redith M. Graham | [Electronically Filed] | Date 07 / 18 / 2014 |
| NOTE: Submission of false, error | neous, or incomplete informati | ion may subject the person sign | ning this Report to the penalties of 2 U.S.C. §437g. |
| Office Use | | | FEC FORM 3X Rev. 12/2004 |
| Only | | | 1.00. 12/2007 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

2014 06 30 2014 Report Covering the Period: 06 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 112541.12 January 1, 2014 (b) Cash on Hand at 137157.02 Beginning of Reporting Period..... 60964.00 27360.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 164517.02 173505.12 6(a) and 6(c) for Column B)..... 10125.94 19114.04 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 154391.08 154391.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

| R | eport Covering the Period: From: 06 | | 06 30 2014 | | | | |
|-----|--|-------------------------------|-----------------------------------|--|--|--|--|
| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees | | | | | | |
| | (i) Itemized (use Schedule A) | 27360.00 | 60964.00 | | | | |
| | (ii) Unitemized(iii) TOTAL (add | 0.00 | 0.00 | | | | |
| | Lines 11(a)(i) and (ii)▶ | 27360.00 | 60964.00 | | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | | |
| | (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 | | | | |
| | 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶ | 27360.00 | 60964.00 | | | | |
| 12. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | | | | |
| 13. | All Loans Received | 0.00 | 0.00 | | | | |
| 14. | Loan Repayments Received | 0.00 | 0.00 | | | | |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | | | | |
| 16. | (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 | | | | |
| | to Federal Candidates and Other Political Committees | 0.00 | 0.00 | | | | |
| | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | | | | |
| 18. | Transfers from Non-Federal and Levin Funds (a) Non-Federal Account | | | | | | |
| | (from Schedule H3) | 0.00 | 0.00 | | | | |
| | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | | | |
| | (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | | | |
| 19. | Total Receipts (add Lines 11(d), | | | | | | |
| | 12, 13, 14, 15, 16, 17, and 18(c))▶ | 27360.00 | 60964.00 | | | | |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | 27360.00 | 60964.00 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | . Disbursements COLUMN A Total This Period | | | | |
|--|--|-----------------------|--|--|--|
| Operating Expenditures: | Total Tillo I Gliod | Calendar Year-to-Date | | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | |
| Ī | | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | |
| (b) Other Federal Operating | 525.94 | 3959.04 | | | |
| Expenditures(c) Total Operating Expenditures | 320.34 | 3339.04 | | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 525.94 | 3959.04 | | | |
| Transfers to Affiliated/Other Party | | | | | |
| Committees | 0.00 | 0.00 | | | |
| Contributions to Federal Candidates/Committees | 0.00 | 5500.00 | | | |
| and Other Political Committees | 7 7 7 | 3300.30 | | | |
| (use Schedule E) | 0.00 | 0.00 | | | |
| Coordinated Party Expenditures | | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | |
| F | | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | |
| Loone Made | 0.00 | 0.00 | | | |
| Loans MadeRefunds of Contributions To: | 3.00 | 0.00 | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 55.00 | | | |
| | | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | |
| (c) Other Political Committees | | | | | |
| (such as PACs) | 0.00 | 0.00 | | | |
| (d) Total Contribution Refunds | | | | | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 55.00 | | | |
| VIIVII VIII | | | | | |
| Other Disbursements | 9600.00 | 9600.00 | | | |
| _ | | | | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | |
| (7) | | | | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | | |
| (b) Federal Election Activity Paid Entirely | | | | | |
| With Federal Funds | 0.00 | 0.00 | | | |
| (c) Total Federal Election Activity (add | 0.00 | 0.00 | | | |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | |
| Total Disbursements (add Lines 21(c), 22, | | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 10125.94 | 19114.04 | | | |
| | | | | | |
| Total Federal Disbursements | | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | in the second | 10 | | | |
| from Line 31) | 10125.94 | 19114.04 | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 27360.00 | 60964.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 55.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 27360.00 | 60909.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 525.94 | 3959.04 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 525.94 | 3959.04 |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 6 | OF | 191 | |
|------------------|--|----|--|----|------|-----|----|-----|----|
| (check only one) | | | | | | | | | |
| X 11a 11b | | | | | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | ; | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than using | ng the name and address of any political committee to | o solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF | NURSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Kendra M Adkisson Mailing Address 111 Wabash Dr. | | Date of Receipt |
| City | State Zip Code | 06 01 2014 Transaction ID : SA11AI.9588 |
| Lexington | KY 40503-1920 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 110.00 |
| Name of Employer | Occupation | |
| Women's Care of The Bluegrass | CNM | |
| Receipt For: Primary General Other (consist) | Aggregate Year-to-Date ▼ | |
| Other (specify) | 160.00 | |
| Full Name (Last, First, Middle Initial) 3. Susan Altman | | Date of Receipt |
| Mailing Address 11 Stonywood Dr | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9589 |
| Commack | NY 11725-5111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 625.00 |
| Name of Employer | Occupation | |
| Stony Brook Midwifery Practice | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | |
| Full Name (Last, First, Middle Initial) C. Jessica Anderson | 1 | Date of Receipt |
| Mailing Address 22971 E Euclid Cir | | 06 01 _2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9590 |
| Aurora | CO 80016-5206 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 65.00 |
| Name of Employer | Occupation | |
| Center forMidwifUniv.ofCO Hosp | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 115.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 800.00 |
| | <u>, </u> | |
| TOTAL This Period (last page this line nur | mber only) | |

1mage# 14941878892 PAGE 7 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9588

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Form/Schedule: SA11AI Transaction ID: SA11AI.9589

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1mage# 14941878893 PAGE 8 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9590

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 9 | OF | 191 | |
|------------------|---|-----|--|-----|------|-----|----|---------|----|
| (check only one) | | | | | | | | | |
| [: | X | 11a | | 11b | | 11c | 12 | ! | |
| | | 13 | | 14 | | 15 | 16 | ; | 17 |

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Jessica Anderson | | Date of Receipt |
| Mailing Address 22971 E Euclid Cir | | 06 01 2014 |
| City Aurora | State Zip Code CO 80016-5206 | Transaction ID : SA11AI.9591 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 95.00 |
| Name of Employer Center forMidwifUniv.ofCO Hosp Receipt For: | Occupation CNM Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date V | |
| Full Name (Last, First, Middle Initial) Karen L Armstrong Mailing Address 312 SW Cascade Meadow I | Or. | Date of Receipt 06 01 2014 |
| City Sublimity | State Zip Code OR 97385-9807 | Transaction ID : SA11AI.9592 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 131.00 |
| Name of Employer Silverton Health | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 181.00 | |
| Full Name (Last, First, Middle Initial) C. Karen L Armstrong | | Date of Receipt |
| Mailing Address 312 SW Cascade Meadow | Dr. | 06 01 2014 |
| City Sublimity | State Zip Code OR 97385-9807 | Transaction ID : SA11AI.9593 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 17.00 |
| Name of Employer Silverton Health | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 198.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 243.00 |
| TOTAL This Period (last page this line number | | |

1mage# 14941878895 PAGE 10 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9591

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Form/Schedule: SA11AI Transaction ID: SA11AI.9592

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1mage# 14941878896 PAGE 11 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9593

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 12 | OF | 191 | |
|------------------|---|-----|--|-----|------|--------|----|---------|----|
| (check only one) | | | | | | | | | |
| [| X | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | | 17 |

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Tonia M. Badura | | Date of Receipt |
| Mailing Address 1020 N. 12th street | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9594 |
| Milwaukee | WI 53233 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 30.00 |
| Name of Employer | Occupation | |
| Aurora Health Care | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 80.00 | |
| Full Name (Last, First, Middle Initial) 3. Mary Barger | | Date of Receipt |
| Mailing Address 4400 New Jersey St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9595 |
| San Diego | CA 92116-1049 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| HVMA Nurse Midwifery Srvc | PhD, MPH, CNM, FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | |
| Full Name (Last, First, Middle Initial) C. Denise Barrett | • | Date of Receipt |
| Mailing Address 170 Prosperous Place | | 06 01 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9596 |
| Lexington | KY 40509 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 16.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 16.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 146.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878898 PAGE 13 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9594

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Form/Schedule: SA11AI Transaction ID: SA11AI.9595

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1mage# 14941878899 PAGE 14 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9596

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 15 | OF | 191 | |
|------------------|---|-----|--|-----|------|--------|----|-----|----|
| (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | , | 17 |

| or for commercial purposes, other than using th | e name and address of any political committee to | solicit contributions from such committee. |
|--|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | RSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Denise Barrett | | Date of Receipt |
| Mailing Address 170 Prosperous Place | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9597 |
| Lexington | KY 40509 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 46.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 62.00 | |
| Full Name (Last, First, Middle Initial) Barbara A Bechtel | | Date of Receipt |
| Mailing Address 707 Beverley Road Apt 6A | | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9598 |
| Brooklyn | NY 11218-2705 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 43.00 |
| Name of Employer | Occupation | |
| Dahlia Midwifery, PC | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2093.00 | |
| Full Name (Last, First, Middle Initial) Barbara A Bechtel | | Date of Receipt |
| Mailing Address 707 Beverley Road Apt 6A | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9599 |
| Brooklyn | NY 11218-2705 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 400.00 |
| Name of Employer | Occupation | |
| Dahlia Midwifery, PC | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2493.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 489.00 |
| TOTAL This Period (last page this line number | only) | |

1mage# 14941878901 PAGE 16 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9597

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Form/Schedule: SA11AI Transaction ID: SA11AI.9598

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1mage# 14941878902 PAGE 17 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9599

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | 18 | OF | 191 | | | |
|------------------|----|---|-----|------|--------|----|-----|----|---|----|
| (check only one) | | | | | | | | | | |
| | [: | X | 11a | | 11b | | 11c | 12 | | |
| | | | 13 | | 14 | | 15 | 16 | , | 17 |

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. | | | |
|---|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | | | | |
| Full Name (Last, First, Middle Initial) Vicki Beck | | Date of Receipt | | | |
| Mailing Address 8009 Freeport Rd | Mailing Address 8009 Freeport Rd | | | | |
| City Rockton | State Zip Code IL 61072-9742 | 06 01 2014 Transaction ID : SA11AI.9600 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 20.00 | | | |
| Name of Employer Crusader Community Health Receipt For: | Occupation CNM Aggregate Vegruto-Date | | | | |
| Primary | Aggregate Year-to-Date ▼ 120.00 | | | | |
| Full Name (Last, First, Middle Initial) Terry Bichell Mailing Address 1510 Old Hickory Blvd | | Date of Receipt 06 01 2014 | | | |
| City Brentwood | State Zip Code TN 37027-4009 | Transaction ID : SA11AI.9601 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 14.00 | | | |
| Name of Employer Not Applicable | Occupation CNM | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 14.00 | | | | |
| Full Name (Last, First, Middle Initial) Terry Bichell | | Date of Receipt | | | |
| Mailing Address 1510 Old Hickory Blvd | | 06 01 2014 | | | |
| City Brentwood | State Zip Code TN 37027-4009 | Transaction ID : SA11AI.9602 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | |
| Name of Employer Not Applicable | Occupation CNM | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 39.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 59.00 | | | |
| TOTAL This Period (last page this line number | er only) | | | | |

1mage# 14941878904 PAGE 19 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9600

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Form/Schedule: SA11AI Transaction ID: SA11AI.9601

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1mage# 14941878905 PAGE 20 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9602

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | 2 | 21 | OF | | 191 | | |
|------------------|------------------|-------------|--|------|----|-----|----|----|-----|----|--|
| (check only one) | | | | | | | | | | | |
| | > | 1 1a | | 11b | | 11c | | 12 | | | |
| | (check only one) | | | | 15 | | 16 | ; | | 17 | |

| | ne name and address of any political committee to | | | |
|---|---|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | IRSE-MIDWIVES MIDWIVES-PAC | | | |
| Full Name (Last, First, Middle Initial) Terry Bichell Mailing Address 1510 Old Hickory Rhyd | | Date of Receipt | | |
| Mailing Address 1510 Old Hickory Blvd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State Zip Code | | | |
| Brentwood | TN 37027-4009 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | 30.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | |
| Other (specify) ▼ | 69.00 | | | |
| Full Name (Last, First, Middle Initial) Terry Bichell | | Date of Receipt | | |
| Mailing Address 1510 Old Hickory Blvd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State Zip Code | Transaction ID : SA11AI.9604 | | |
| Brentwood | TN 37027-4009 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | 31.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 100.00 | | | |
| Full Name (Last, First, Middle Initial) Terry Bichell | | Date of Receipt | | |
| Mailing Address 1510 Old Hickory Blvd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City Brentwood | State Zip Code TN 37027-4009 | Transaction ID : SA11AI.9605 | | |
| Brentwood FEC ID number of contributing federal political committee. | TN 37027-4009 | Amount of Each Receipt this Period 25.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | Aggregate Teal-to-Date 125.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | > | 86.00 | | |
| TOTAL This Period (last page this line number | r only) | | | |

1mage# 14941878907 PAGE 22 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9603

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Form/Schedule: SA11AI Transaction ID: SA11AI.9604

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1mage# 14941878908 PAGE 23 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9605

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Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PA | С | | | |
|--|---------------------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) Terry Bichell | | | | | |
| Mailing Address 1510 Old Hickory Blvd | 06 01 2014 | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9606 | | | |
| Brentwood | TN 37027-4009 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 30.00 | | | |
| Name of Employer | Occupation | | | | |
| Not Applicable | CNM | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General | | | | | |
| Other (specify) ▼ | 155.00 | | | | |
| Full Name (Last, First, Middle Initial) Georgia R Blair | • | Date of Receipt | | | |
| Mailing Address 41 Obre Place | | 06 01 _2014 _ | | | |
| City | State Zip Code | Transaction ID : SA11AI.9607 | | | |
| Shrewsbury | NJ 07702 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | | T | | | |
| federal political committee. | C | 35.00 | | | |
| Name of Employer | Occupation | | | | |
| Not Applicable | CNM | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 285.00 | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| Georgia R Blair | | Date of Receipt | | | |
| Mailing Address 41 Obre Place | | 06 01 2014 | | | |
| City | State Zip Code | Transaction ID : SA11AI.9608 | | | |
| Shrewsbury | NJ 07702 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | |
| Name of Employer | | | | | |
| Not Applicable | CNM | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General | 210.00 | | | | |
| Other (specify) ▼ | 310.00 | | | | |
| | | 90.00 | | | |

1mage# 14941878910 PAGE 25 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9606

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Form/Schedule: SA11AI Transaction ID: SA11AI.9607

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1mage# 14941878911 PAGE 26 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9608

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Use separate schedule(s) for each category of the Detailed Summary Page

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| | the name and address of any political committee to | | | |
|--|--|------------------------------------|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NO | URSE-MIDWIVES MIDWIVES-PAC | , | | |
| Full Name (Last, First, Middle Initial) A. Heather Bradford | | Date of Receipt | | |
| Mailing Address 527 Kirkland Ave. | 06 01 2014 | | | |
| City | | | | |
| Kirkland | WA 98033 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 17.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 17.00 | | | |
| Full Name (Last, First, Middle Initial) Heather Bradford Mailing Address 527 Kirkland Ave. | Date of Receipt | | | |
| | | 06 01 2014 | | |
| City | State Zip Code | Transaction ID : SA11AI.9610 | | |
| Kirkland | WA 98033 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | С | 50.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 67.00 | | | |
| Full Name (Last, First, Middle Initial) Cinger Breedlove | | Date of Receipt | | |
| Mailing Address 13608 W 54th St. | | 06 01 2014 | | |
| City | State Zip Code | Transaction ID : SA11AI.9764 | | |
| Shawnee | KS 66216-5110 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 1000.00 | | |
| Name of Employer | Occupation | 1 | | |
| Shenandoah University | CNM | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 1100.00 | | | |
| SUBTOTAL of Receipts This Page (optional). | > | 1067.00 | | |
| TOTAL This Period (last page this line number | er only) | | | |

1mage# 14941878913 PAGE 28 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9609

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Form/Schedule: SA11AI Transaction ID: SA11AI.9610

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1mage# 14941878914 PAGE 29 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9764

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Use separate schedule(s) for each category of the Detailed Summary Page

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| | 1 | (check only one) | | | 15 | | 16 | | | 17 |

| NAME OF COMMITTEE (In Full) | NURSE-MIDWIVES MIDWIVES-PA | | | | |
|--|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) Brooke A Bucci Mailing Address 45118 Voyage Path Apt | | | | | |
| City | 06 01 2014 Transposition ID - SA44A1 0644 | | | | |
| California | State Zip Code MD 20619-2464 | Transaction ID : SA11AI.9611 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 245.00 | | | |
| Name of Employer | Occupation | - | | | |
| Not Applicable | CNM, RNC-OB, C-EFM | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 245.00 | | | | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | | | |
| Mailing Address 45118 Voyage Path Apt | M = M / D = D / Y = Y = Y | | | | |
| City | State Zip Code | 06 01 2014 | | | |
| California | MD 20619-2464 | Transaction ID : SA11AI.9612 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C 20013 2404 | 39.00 | | | |
| Name of Employer | | | | | |
| Not Applicable | CNM, RNC-OB, C-EFM | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 284.00 | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| Elizabeth Burelle | | Date of Receipt | | | |
| Mailing Address 810 Detroit St | | 06 01 Y = Y = Y = Y | | | |
| City | State Zip Code | Transaction ID : SA11AI.9613 | | | |
| Denver | CO 80206-3836 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 140.00 | | | |
| Name of Employer | Name of Employer Occupation | | | | |
| Not Applicable | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General Other (specify) ▼ | 190.00 | | | | |
| SUBTOTAL of Receipts This Page (option | al) | 424.00 | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| OTAL This Period (last page this line number) | mber only) | | | | |

1mage# 14941878916 PAGE 31 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9611

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Form/Schedule: SA11AI Transaction ID: SA11AI.9612

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1mage# 14941878917 PAGE 32 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9613

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | = 3 | 33 C | F | 191 |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. | | |
|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | NURSE-MIDWIVES MIDWIVES-PAC | ; | | |
| Full Name (Last, First, Middle Initial) 1. Jessica Burke-Lazarus | | Date of Receipt | | |
| Mailing Address 114 22nd Ave | Mailing Address 114 22nd Ave | | | |
| City | State Zip Code | 06 01 2014 Transaction ID : SA11AI.9614 | | |
| Seattle | WA 98122-6007 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | |
| Name of Employer | Occupation | | | |
| Not Applicable | CNM, ARNP, DNP | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 100.00 | | | |
| Full Name (Last, First, Middle Initial) Jesse Bushman | · | Date of Receipt | | |
| Mailing Address 6265 Gentle lane | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City | State Zip Code VA 22310 | Transaction ID : SA11AI.9615 | | |
| Alexandria | VA 22310 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | |
| Name of Employer | Occupation | | | |
| ACNM | Director, A&G Affairs | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | | | |
| Full Name (Last, First, Middle Initial) Christina Butler | | Date of Receipt | | |
| Mailing Address 3 S 536 Curtis Ave. | | 06 08 2014 | | |
| City Warrenville | State Zip Code IL 60555 | Transaction ID : SA11AI.9586 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 100.00 | | |
| Name of Employer | Occupation | | | |
| NW Prof.Obstetrics&Gynecology | CNM | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 100.00 | | | |
| SUBTOTAL of Receipts This Page (optional | 1) | 250.00 | | |
| TOTAL This Period (last page this line num | ber only) | | | |

1mage# 14941878919 PAGE 34 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9614

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Form/Schedule: SA11AI Transaction ID: SA11AI.9615

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1mage# 14941878920 PAGE 35 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9586

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINI | NUMBER | : PAGE | 36 OF | 191 | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | | |
| Full Name (Last, First, Middle Initial) Lerin Callahan | | Date of Receipt | |
| Mailing Address 1127 W 6th St | | 06 01 2014 | |
| City | State Zip Code | Transaction ID : SA11AI.9616 | |
| Lorain | OH 44052-1450 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | 40.00 | |
| Name of Employer | Occupation | | |
| Not Applicable | CNM | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 90.00 | | |
| Full Name (Last, First, Middle Initial) 3. Katherine C. Carr | Date of Receipt | | |
| Mailing Address 902 17th Ave. East | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State Zip Code | Transaction ID : SA11AI.9617 | |
| Seattle | WA 98112-3924 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | 30.00 | |
| Name of Employer | Occupation | | |
| Seattle University | CNM PhD FACNM | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 30.00 | | |
| Full Name (Last, First, Middle Initial) Carr | | | |
| Mailing Address 5 Garden Ct Apt 3 | 06 01 2014 _ | | |
| City | State Zip Code | Transaction ID : SA11AI.9618 | |
| Cambridge | MA 02138-1355 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 28.00 | |
| Name of Employer | Occupation | | |
| St Elizabeth's Medical Center | CNM, MSN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 78.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | 98.00 | |
| TOTAL This Period (last page this line numb | er only) | | |

1mage# 14941878922 PAGE 37 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9616

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Form/Schedule: SA11AI Transaction ID: SA11AI.9617

1mage# 14941878923 PAGE 38 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9618

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | 3 | 39 | OF | 191 | | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) Kathryn K. Carr | | Date of Receipt |
| Mailing Address 5 Garden Ct Apt 3 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9619 |
| Cambridge | MA 02138-1355 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 13.00 |
| Name of Employer | Occupation | |
| St Elizabeth's Medical Center | CNM, MSN | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 91.00 | |
| Full Name (Last, First, Middle Initial) 3. Kathryn K. Carr | | Date of Receipt |
| Mailing Address 5 Garden Ct Apt 3 | 7. 0 | 06 01 2014 |
| City Cambridge | State Zip Code MA 02138-1355 | Transaction ID : SA11AI.9620 |
| | 32.00 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer St Elizabeth's Medical Center | Occupation | |
| Receipt For: | CNM, MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 121.00 | |
| Full Name (Last, First, Middle Initial) Carr | | Date of Receipt |
| Mailing Address 5 Garden Ct Apt 3 | | 06 01 2014 |
| City Cambridge | State Zip Code MA 02138-1355 | Transaction ID : SA11Al.9621 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 73.00 |
| Name of Employer | Occupation | |
| St Elizabeth's Medical Center | CNM, MSN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 194.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 116.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941878925 PAGE 40 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9619

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Form/Schedule: SA11AI Transaction ID: SA11AI.9620

1mage# 14941878926 PAGE 41 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9621

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Use separate schedule(s) for each category of the Detailed Summary Page

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| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | |
|---|---|------------------------------------|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NUR | RSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Anna Cherry Mailing Address 4499 Fundant Of SW | | Date of Receipt |
| Mailing Address 1480 Everhart St SW | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9622 |
| Atlanta | GA 30310-4350 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 45.00 |
| Name of Employer | Occupation | |
| Unemployed - Student | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 60.00 | |
| Full Name (Last, First, Middle Initial) Kristen E Conroy | | Date of Receipt |
| Mailing Address 1428 Constellation Dr | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9623 |
| Allen | TX 75013-3466 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Frontier Nursing University | SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 65.00 | |
| Full Name (Last, First, Middle Initial) C. Patrick J. Cooney | | Date of Receipt |
| Mailing Address 8403 Colesville Rd Ste 1550 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9624 |
| Silver Spring | MD 20910-6374 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 600.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 600.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 695.00 |
| TOTAL This Period (last page this line number of | only) | |

1mage# 14941878928 PAGE 43 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9622

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Form/Schedule: SA11AI Transaction ID: SA11AI.9623

1mage# 14941878929 PAGE 44 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9624

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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | , |
| Full Name (Last, First, Middle Initial) Koren Corbett Mailing Address 4305 SE 31st Ave | | Date of Receipt |
| City | State Zip Code OR 97202-3545 | 06 01 2014 Transaction ID : SA11AI.9625 |
| Portland FEC ID number of contributing federal political committee. | OR 97202-3545 | Amount of Each Receipt this Period 25.00 |
| Name of Employer Unemployed - Student | Occupation SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 40.00 | |
| Full Name (Last, First, Middle Initial) Barbara Crone Mailing Address 2681 Birch Harbor Ln | | Date of Receipt |
| City West Bloomfield | State Zip Code MI 48324-1905 | 06 01 2014 Transaction ID : SA11AI.9626 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 77.00 |
| Name of Employer Wayne State University Physician Group | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 127.00 | |
| Full Name (Last, First, Middle Initial) Candace Curlee | | Date of Receipt |
| Mailing Address 526 Shanas Lane | | 06 01 2014 |
| City Encinitas | State Zip Code CA 92024-2435 | Transaction ID : SA11AI.9627 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| Name of Employer Scripps Clinic | Occupation CNM, MS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 130.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 182.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941878931 PAGE 46 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9625

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Form/Schedule: SA11AI Transaction ID: SA11AI.9626

1mage# 14941878932 PAGE 47 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9627

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER: | PAGE | 48 OF | 191 |
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| or | for commercial purposes, other than using the | name and address of any political committee to | solicit contributions from such committee. |
|-------------|--|--|--|
| \setminus | NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NUF | RSE-MIDWIVES MIDWIVES-PAC | |
| ۹. | Full Name (Last, First, Middle Initial) Esther DeJong | | Date of Receipt |
| | Mailing Address 950 Pichaloup PI | | 06 012014 |
| | City New Orleans | State Zip Code LA 70119-3822 | Transaction ID : SA11AI.9628 |
| | FEC ID number of contributing | | Amount of Each Receipt this Period |
| | federal political committee. | C | 120.00 |
| | Name of Employer | Occupation | |
| | Woman to Woman Midwifery | CNM | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 220.00 | |
| 3. | Full Name (Last, First, Middle Initial) Kathleen Dermady | | Date of Receipt |
| | Mailing Address 4549 Broad Rd | | 06 01 2014 |
| | City | State Zip Code | Transaction ID : SA11AI.9629 |
| | Syracuse | NY 13215-2403 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 25.00 |
| | Name of Employer | Occupation | |
| | SUNY Upstate Regional Perinatal Center | CNM MS, DNP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |
| | Full Name (Last, First, Middle Initial) Kathleen Dermady | | Date of Receipt |
| | Mailing Address 4549 Broad Rd | | 06 01 2014 |
| | City Syracuse | State Zip Code NY 13215-2403 | Transaction ID : SA11AI.9630 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 40.00 |
| | Name of Employer | Occupation | |
| | SUNY Upstate Regional Perinatal Center | CNM MS, DNP | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Other (specify) General | 315.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | 185.00 |
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1mage# 14941878934 PAGE 49 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9628

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Form/Schedule: SA11AI Transaction ID: SA11AI.9629

1mage# 14941878935 PAGE 50 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9630

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Use separate schedule(s) for each category of the Detailed Summary Page

| | FOR LINE NUMBER: | | | | | PAGE | : 5 | 51 | OF | 191 | |
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| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Elaine Diegmann | | Date of Receipt |
| Mailing Address 1220 Inman Ave | | 06 01 2014 |
| City Edison | State Zip Code NJ 08820-1130 | Transaction ID : SA11AI.9631 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 75.00 |
| Name of Employer Beth Israel Birth Center | Occupation CNM ND FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 125.00 | |
| Full Name (Last, First, Middle Initial) Elaine Diegmann Mailing Address 1220 Inman Ave | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Edison | State Zip Code NJ 08820-1130 | Transaction ID : SA11AI.9632 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 25.00 |
| Name of Employer Beth Israel Birth Center | Occupation CNM ND FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | |
| Full Name (Last, First, Middle Initial) Elaine Diegmann | | Date of Receipt |
| Mailing Address 1220 Inman Ave | | 06 01 _2014 _ |
| City Edison | State Zip Code NJ 08820-1130 | Transaction ID : SA11AI.9633 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer Beth Israel Birth Center | Occupation CNM ND FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 190.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 140.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878937 PAGE 52 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9631

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Form/Schedule: SA11AI Transaction ID: SA11AI.9632

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1mage# 14941878938 PAGE 53 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC' 5 'F9 DC F H Ž G7 < 98 I @ 'C F' ± H9 A = N 5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9633

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | : 5 | 54 OF | 191 | | |
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| or for commercial purposes, other than using the | ne name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Elaine Diegmann | | Date of Receipt |
| Mailing Address 1220 Inman Ave | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Edison | State Zip Code NJ 08820-1130 | Transaction ID : SA11AI.9634 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 110.00 |
| Name of Employer Beth Israel Birth Center | Occupation CNM ND FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Mackenzie E. Douglas Mailing Address 730 Reba Pl Apt 1A | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Evanston | State Zip Code IL 60202-2664 | Transaction ID : SA11AI.9635 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 135.00 |
| Name of Employer Univ.of Penn,School of Nursing | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 135.00 | |
| Full Name (Last, First, Middle Initial) . Nicole Drake | | Date of Receipt |
| Mailing Address 555 S Kittredge Way | | 06 01 2014 |
| City Aurora | State Zip Code CO 80017-2107 | Transaction ID : SA11AI.9636 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer Unemployed - Student | Occupation RNC, SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 35.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 265.00 |
| TOTAL This Period (last page this line numbe | r only) | |

1mage# 14941878940 PAGE 55 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9634

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Form/Schedule: SA11AI Transaction ID: SA11AI.9635

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1mage# 14941878941 PAGE 56 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9636

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : | 57 | OF | 191 |
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| or for commercial purposes, other than using the | he name and address of any political committee to | solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Dawn Durain | | Date of Receipt |
| Mailing Address 192 Hopewell Pennington R | d. | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Hopewell | State Zip Code NJ 08525-2129 | Transaction ID : SA11AI.9765 |
| FEC ID number of contributing federal political committee. | C 08323-2129 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Univ. of Penn Receipt For: | Occupation CNM MPH FACNM Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 535.00 | |
| Full Name (Last, First, Middle Initial) Nieves N. Fisch Mailing Address 2922 Emerald Lake Dr | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9637 |
| Harlingen FEC ID number of contributing federal political committee. | TX 78550-8620 | Amount of Each Receipt this Period 40.00 |
| Name of Employer Harlingen OB/GYN Associates | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 40.00 | |
| Full Name (Last, First, Middle Initial) Nieves N. Fisch | <u> </u> | Date of Receipt |
| Mailing Address 2922 Emerald Lake Dr | | M = M / D = D / Y = Y = Y = Y = 06 01 _ 2014 _ |
| City Harlingen | State Zip Code TX 78550-8620 | Transaction ID : SA11AI.9638 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 120.00 |
| Name of Employer Harlingen OB/GYN Associates Receipt For: | Occupation CNM | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 160.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 410.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878943 PAGE 58 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9765

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Form/Schedule: SA11AI Transaction ID: SA11AI.9637

1mage# 14941878944 PAGE 59 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9638

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | - 6 | 60 | OF | 191 |
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| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Nieves N. Fisch | | Date of Receipt |
| Mailing Address 2922 Emerald Lake Dr | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9639 |
| Harlingen | TX 78550-8620 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 85.00 |
| Name of Employer | Occupation | |
| Harlingen OB/GYN Associates | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 245.00 | |
| Full Name (Last, First, Middle Initial) 3. Nieves N. Fisch | | Date of Receipt |
| Mailing Address 2922 Emerald Lake Dr | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9640 |
| Harlingen | TX 78550-8620 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 25.00 |
| Name of Employer | Occupation | |
| Harlingen OB/GYN Associates | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |
| Full Name (Last, First, Middle Initial) C. Anne Forcey | | Date of Receipt |
| Mailing Address 536 Sunset Rd | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9641 |
| Waterloo | IA 50701 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 22.00 |
| Name of Employer | Occupation | |
| OBGYN Specialists | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 72.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 132.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878946 PAGE 61 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9639

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Form/Schedule: SA11AI Transaction ID: SA11AI.9640

1mage# 14941878947 PAGE 62 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9641

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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using t | the name and address of any political committee to | solicit contributions from such committee. | | | | |
|--|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | | | | | |
| Full Name (Last, First, Middle Initial) Anne Forcey Mailing Addrsos FOC Current Pd | | Date of Receipt | | | | |
| Mailing Address 536 Sunset Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| City Waterloo | State Zip Code IA 50701 | Transaction ID : SA11AI.9642 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 21.00 | | | | |
| Name of Employer OBGYN Specialists | Occupation CNM | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 93.00 | | | | | |
| Full Name (Last, First, Middle Initial) Mary Foster Mailing Address 1761 Bent Way Ct | Date of Receipt | | | | | |
| City Orlando | State Zip Code FL 32818-5657 | 06 01 2014 Transaction ID : SA11AI.9643 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | 45.00 | | | | |
| Name of Employer Not Applicable | Occupation CNM | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 45.00 | | | | | |
| Full Name (Last, First, Middle Initial) C. Anne Gilman | | Date of Receipt | | | | |
| Mailing Address 618 N Pass Ave | | 06 01 2014 _ | | | | |
| City Burbank | State Zip Code CA 91505-3116 | Transaction ID : SA11AI.9644 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 50.00 | | | | |
| Name of Employer Not Applicable | Occupation RN | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 65.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional). | · · · · · · · · · · · · · · · · · · · | 116.00 | | | | |
| TOTAL This Period (last page this line number | er only) | | | | | |

1mage# 14941878949 PAGE 64 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9642

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Form/Schedule: SA11AI Transaction ID: SA11AI.9643

1mage# 14941878950 PAGE 65 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9644

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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using t | the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Virginia Gladwin | | Date of Receipt |
| Mailing Address 6558 Oldham Ln. | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9645 |
| San Gabriel | CA 91775-1726 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer | Occupation | |
| Kaiser Permanente | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 110.00 | |
| Full Name (Last, First, Middle Initial) 3. Deborah C Goldman | | Date of Receipt |
| Mailing Address 315 Erie Ave | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9646 |
| Seattle | WA 98122 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer | Occupation | |
| Seattle University | Student Nurse-Midwife | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 35.00 | |
| Full Name (Last, First, Middle Initial) C. Barbara W Graves | | Date of Receipt |
| Mailing Address 689 Chestnut St. | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9647 |
| Springfeild | MA 01107-1620 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| Name of Employer | Occupation | |
| Baystate Midwifery Education Program | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 80.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 160.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878952 PAGE 67 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9645

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Form/Schedule: SA11AI Transaction ID: SA11AI.9646

1mage# 14941878953 PAGE 68 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9647

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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Listen S Gwynn | | Date of Receipt |
| Mailing Address 1808 S Sartain St. | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9648 |
| Philadelphia | PA 19148-2114 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Not Applicable | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 100.00 | |
| Full Name (Last, First, Middle Initial) 3. Eve K Hadley | | Date of Receipt |
| Mailing Address 2 Battery HI | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9649 |
| Vergennes | VT 05491-1023 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 100.00 |
| Name of Employer | Occupation | |
| Tapestry Midwifery | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | |
| Full Name (Last, First, Middle Initial) Aiden Harrington | | Date of Receipt |
| Mailing Address 1253 Lincoln Pl Apt 1 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9650 |
| Brooklyn | NY 11213-4059 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer | Occupation | |
| Not Applicable | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 40.00 | |
| SUBTOTAL of Receipts This Page (optional). | • | 175.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878955 PAGE 70 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9648

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Form/Schedule: SA11AI Transaction ID: SA11AI.9649

1mage# 14941878956 PAGE 71 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9650

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Use separate schedule(s) for each category of the Detailed Summary Page

| I OIT EINE HOMBEIN | | | | | PAGE | 7 | 72 | OF | 191 | | |
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| (check only one) | | | | | | | | | | | |
| | [| X | 11a | | 11b | | 11c | | 12 | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using the | ne name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Kathryn S. Harrod | | Date of Receipt |
| Mailing Address W1815 Country Road B. | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Genoa City | State Zip Code WI 53128-1938 | Transaction ID : SA11AI.9651 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 495.00 |
| Name of Employer Aurora Health Care Receipt For: | Occupation CNM Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 495.00 | |
| Full Name (Last, First, Middle Initial) 3. Jocelyn Hart Mailing Address 330 W 58th St Ste 505 | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City New York | State Zip Code NY 10019-1819 | Transaction ID : SA11AI.9652 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 40.00 |
| Name of Employer Midwifery of Manhattan | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 90.00 | |
| Full Name (Last, First, Middle Initial) C. Rebekah Hassler | | Date of Receipt |
| Mailing Address 1829 N 18th St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Saint Louis | State Zip Code MO 63106-3136 | Transaction ID : SA11AI.9653 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer Not Applicable | Occupation CNM FNP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 110.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 595.00 |
| TOTAL This Period (last page this line numbe | r only) | |

1mage# 14941878958 PAGE 73 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9651

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Form/Schedule: SA11AI Transaction ID: SA11AI.9652

1mage# 14941878959 PAGE 74 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9653

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Use separate schedule(s) for each category of the Detailed Summary Page

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| | > | 11a | 11 | b | 11c | | 12 | | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Rebekah Hassler | | Date of Receipt |
| Mailing Address 1829 N 18th St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9654 |
| Saint Louis | MO 63106-3136 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 31.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM FNP | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 141.00 | |
| Full Name (Last, First, Middle Initial) 3. Cheryl A. Heitkamp | | Date of Receipt |
| Mailing Address 717 Applewood Cir | | 06 29 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9587 |
| Victoria | MN 55386 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 1000.00 |
| Name of Employer | Occupation | |
| Park Nicollet Clinic | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) . Michele Helgeson | | Date of Receipt |
| Mailing Address 16 Greenwood Rd | | 06 01 2014 |
| City Sudbury | State Zip Code MA 01776-1234 | Transaction ID : SA11AI.9655 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 50.00 |
| Name of Employer | Occupation | |
| Brigham & Women's Hospital | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 100.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 1081.00 |
| TOTAL This Period (last page this line numb | <u>`</u> | |

1mage# 14941878961 PAGE 76 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9654

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Form/Schedule: SA11AI Transaction ID: SA11AI.9587

1mage# 14941878962 PAGE 77 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9655

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | . 7 | 78 | OF | 191 | |
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| | nd Statements may not be sold or used by any pers the name and address of any political committee t | | | | | | |
|--|--|------------------------------------|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | IURSE-MIDWIVES MIDWIVES-PAC |) | | | | | |
| Full Name (Last, First, Middle Initial) Michele Helgeson Mailing Address 16 Crosswood Rd | Michele Helgeson | | | | | | |
| Mailing Address 16 Greenwood Rd | | 06 01 2014 | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9656 | | | | | |
| Sudbury | MA 01776-1234 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 555.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| Brigham & Women's Hospital | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ |] | | | | | |
| Primary General | | | | | | | |
| Other (specify) ▼ | 655.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Sally R. Hersh | | Date of Receipt | | | | | |
| Mailing Address 7325 SW Gable Park Rd | | 06 01 _2014 _ | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9657 | | | | | |
| Portland | OR 97225-2629 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing | | | | | | | |
| federal political committee. | C | 35.00 | | | | | |
| Name of Employer | Occupation | 1 | | | | | |
| OHSU | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 | | | | | |
| Primary General | 00 0 | | | | | | |
| Other (specify) ▼ | 35.00 | | | | | | |
| Full Name (Last, First, Middle Initial) C. Sally R. Hersh | | Date of Receipt | | | | | |
| Mailing Address 7325 SW Gable Park Rd | | 06 01 2014 | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9658 | | | | | |
| Portland | OR 97225-2629 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 125.00 | | | | | |
| Name of Employer | Occupation | - | | | | | |
| OHSU | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 | | | | | |
| Primary General | | | | | | | |
| Other (specify) ▼ | 160.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional | l) | 715.00 | | | | | |
| , , , , , | , <u> </u> | | | | | | |
| TOTAL This Period (last page this line number | ber only) | | | | | | |

1mage# 14941878964 PAGE 79 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9656

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Form/Schedule: SA11AI Transaction ID: SA11AI.9657

1mage# 14941878965 PAGE 80 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9658

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER | : PAGE | 81 OF | 191 | | |
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| or for commercial purposes, other than using t | the name and address of any political committee to | |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | JRSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) Lynn Himmelreich Mailing Address 1013 400th St SW | Date of Receipt 06 01 2014 | |
| City Oxford | State Zip Code IA 52322-9142 | Transaction ID : SA11AI.9659 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 275.00 |
| Name of Employer Univ Iowa Hospitals & Clinics Receipt For: Primary General | Occupation CNM MPH FACNM Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 275.00 | |
| Full Name (Last, First, Middle Initial) Carol L. Howe Mailing Address 13043 SW Ascension Drive | | Date of Receipt |
| City Tigard | 06 01 2014 Transaction ID : SA11AI.9660 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer OR Health & Science Univ. | Occupation CNM DNSc FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 | |
| Full Name (Last, First, Middle Initial) C. Carol L. Howe | | Date of Receipt |
| Mailing Address 13043 SW Ascension Drive | | 06 01 / Y Y Y Y Y Y |
| City Tigard | State Zip Code OR 97223-5686 | Transaction ID : SA11AI.9661 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer OR Health & Science Univ. | Occupation CNM DNSc FACNM | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 355.00 | |
| SUBTOTAL of Receipts This Page (optional). | > | 365.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878967 PAGE 82 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9659

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Form/Schedule: SA11AI Transaction ID: SA11AI.9660

1mage# 14941878968 PAGE 83 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9661

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | | 34 | OF | 191 |
|------------------|-----|--|-----|--|------|--|----|----|-----|
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | IRSE-MIDWIVES MIDWIVES-PAG | | | | | |
|--|---|--|--|--|--|--|
| Full Name (Last, First, Middle Initial) Carol L. Howe Mailing Address 13043 SW Ascension Drive | Carol L. Howe Mailing Address 13043 SW Ascension Drive | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9662 | | | | |
| Tigard | OR 97223-5686 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | | |
| Name of Employer | Occupation | _ | | | | |
| OR Health & Science Univ. | CNM DNSc FACNM | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | 380.00 | | | | | |
| Full Name (Last, First, Middle Initial) Carol L. Howe | , | Date of Receipt | | | | |
| Mailing Address 13043 SW Ascension Drive | | M = M / D = D / Y = Y = Y | | | | |
| City | State Zip Code | 06 01 2014 Transport on ID 044441 2000 | | | | |
| Tigard | OR 97223-5686 | Transaction ID : SA11AI.9663 | | | | |
| | | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 500.00 | | | | |
| Name of Employer | Occupation | 7 | | | | |
| OR Health & Science Univ. | CNM DNSc FACNM | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 880.00 | | | | | |
| Full Name (Last, First, Middle Initial) | , | B | | | | |
| Mailing Address, 4500 A to 01 | | Date of Receipt | | | | |
| Mailing Address 1523 Ada St | | 06 01 _2014 _ | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9664 | | | | |
| Berkeley | CA 94703-1001 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | | |
| Name of Employer | Occupation | + | | | | |
| The Midwives of SF GeneralHosp | CNM | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 | | | | |
| Primary General | | | | | | |
| Other (specify) ▼ | 75.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 550.00 | | | | |
| | | | | | | |

1mage# 14941878970 PAGE 85 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9662

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Form/Schedule: SA11AI Transaction ID: SA11AI.9663

1mage# 14941878971 PAGE 86 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9664

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : 8 | 37 | OF | 191 | | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|---|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Karen Jefferson | | Date of Receipt |
| Mailing Address 688 President St | | 06 01 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| City | State Zip Code | Transaction ID : SA11AI.9665 |
| Brooklyn | NY 11215-1208 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 290.00 |
| Name of Employer | Occupation | |
| JJB Midwifery | LM, CM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 340.00 | |
| Full Name (Last, First, Middle Initial) 3. Laura Jenson | | Date of Receipt |
| Mailing Address 4208 SE 9th Ave | | 06 03 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9584 |
| Portland | OR 97202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 150.00 |
| Name of Employer | Occupation | |
| Oregon Health & Science University | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First, Middle Initial) Laura Jenson | | Date of Receipt |
| Mailing Address 4208 SE 9th Ave | | 06 03 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9585 |
| Portland | OR 97202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer | Occupation | |
| Oregon Health & Science University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 550.00 | |
| SUBTOTAL of Receipts This Page (optional) |) | 590.00 |
| TOTAL This Period (last page this line number | per only) | |

1mage# 14941878973 PAGE 88 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9665

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Form/Schedule: SA11AI Transaction ID: SA11AI.9584

1mage# 14941878974 PAGE 89 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9585

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Use separate schedule(s) for each category of the Detailed Summary Page

| _ | LINE | _ | | : | PAGE | . (| 90 | OF | 191 |
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| | ne name and address of any political committee to | | | | | | |
|--|---|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | | | | | | |
| Full Name (Last, First, Middle Initial) A. Lucia Jenusky | Lucia Jenusky | | | | | | |
| Mailing Address 4197 McNamara PI | | 06 01 / Y Y Y Y Y Y | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9666 | | | | | |
| Lewis Center | OH 43035-6910 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 170.00 | | | | | |
| Name of Employer | Occupation | | | | | | |
| Saint Stephens Health Ctr. | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | 0.0 | | | | | | |
| Other (specify) ▼ | 170.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Cecilia M. Jevitt | | Date of Receipt | | | | | |
| Mailing Address 3 Short Beach Rd. | | M = M / D = D / Y = Y = Y | | | | | |
| City | State 7in Codo | 06 01 2014 | | | | | |
| City Fast Haven | State Zip Code CT 06512-3520 | Transaction ID : SA11AI.9667 | | | | | |
| East Haven | CT 06512-3520 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | | | |
| Name of Employer | Occupation | | | | | | |
| Yale University | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | 0.0 | | | | | | |
| Other (specify) ▼ | 75.00 | | | | | | |
| Full Name (Last, First, Middle Initial) Cecilia M. Jevitt | | Date of Receipt | | | | | |
| Mailing Address 3 Short Beach Rd. | | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| City | State Zip Code | Transaction ID : SA11AI.9668 | | | | | |
| East Haven | CT 06512-3520 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | С | 50.00 | | | | | |
| Name of Employer | Occupation | | | | | | |
| Yale University | CNM | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | |
| Primary General | | | | | | | |
| Other (specify) ▼ | 125.00 | | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 245.00 | | | | | |
| TOTAL This Period (last page this line numbe | <u> </u> | | | | | | |

1mage# 14941878976 PAGE 91 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9666

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Form/Schedule: SA11AI Transaction ID: SA11AI.9667

1mage# 14941878977 PAGE 92 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9668

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | = 9 | 93 OF | 191 |
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| | the name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Cecilia M. Jevitt | | Date of Receipt |
| Mailing Address 3 Short Beach Rd. | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9669 |
| East Haven | CT 06512-3520 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Yale University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 175.00 | |
| Full Name (Last, First, Middle Initial) Christina M. Johnson | | Date of Receipt |
| Mailing Address 1938 Bank St | | 06 01 Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9670 |
| Baltimore | MD 21231-2513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 156.00 |
| Name of Employer | Occupation | |
| ACNM | CNM MS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 156.00 | |
| Full Name (Last, First, Middle Initial) Christina M. Johnson | | Date of Receipt |
| Mailing Address 1938 Bank St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9671 |
| Baltimore | MD 21231-2513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 240.00 |
| Name of Employer | Occupation | |
| ACNM | CNM MS | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 396.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 446.00 |
| TOTAL This Period (last page this line numb | per only) | |

1mage# 14941878979 PAGE 94 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9669

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Form/Schedule: SA11AI Transaction ID: SA11AI.9670

1mage# 14941878980 PAGE 95 / 191

: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9671

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | . (| 96 | OF | • | 191 |
|------------------|------------------|--|----|--|------|-----|----|----|---|-----|
| | (check only one) | | | | | | | | | |
| X 11a 11b 11c 12 | | | | | | | | | | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Christina M. Johnson | | Date of Receipt |
| Mailing Address 1938 Bank St | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9672 |
| Baltimore | MD 21231-2513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 38.00 |
| Name of Employer | Occupation | |
| ACNM | CNM MS | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 434.00 | |
| Full Name (Last, First, Middle Initial) 3. Christina M. Johnson | | Date of Receipt |
| Mailing Address 1938 Bank St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9673 |
| Baltimore | MD 21231-2513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 800.00 |
| Name of Employer | Occupation | |
| ACNM | CNM MS | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1234.00 | |
| Full Name (Last, First, Middle Initial) Monica M. Joyce | | Date of Receipt |
| Mailing Address 11 High St | | 06 01 2014 _ |
| City Ipswich | State Zip Code MA 01938-1917 | Transaction ID : SA11AI.9674 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| HVMA Nurse Midwifery Services | CNM MSN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 90.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 878.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941878982 PAGE 97 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9672

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Form/Schedule: SA11AI Transaction ID: SA11AI.9673

1mage# 14941878983 PAGE 98 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9674

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | | PAGE | 99 | OF | 191 |
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| X | 11a | | 11b | | 11c | 12 | | |
| | 13 | | 14 | | 15 | 16 | ; | 17 |

| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Monica M. Joyce | | Date of Receipt |
| Mailing Address 11 High St | | 06 01 2014 |
| City Ipswich | State Zip Code MA 01938-1917 | Transaction ID : SA11AI.9675 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 46.00 |
| Name of Employer HVMA Nurse Midwifery Services | Occupation CNM MSN | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 136.00 | |
| Full Name (Last, First, Middle Initial) Monica M. Joyce Mailing Address 11 High St | | Date of Receipt |
| City Ipswich | State Zip Code MA 01938-1917 | 06 01 2014 Transaction ID : SA11Al.9676 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 25.00 |
| Name of Employer HVMA Nurse Midwifery Services | Occupation CNM MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 161.00 | |
| Full Name (Last, First, Middle Initial) . Monica M. Joyce | | Date of Receipt |
| Mailing Address 11 High St | | 06 01 2014 _ |
| City Ipswich | State Zip Code MA 01938-1917 | Transaction ID : SA11AI.9677 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.00 |
| Name of Employer HVMA Nurse Midwifery Services | Occupation CNM MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 181.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 91.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941878985 PAGE 100 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9675

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Form/Schedule: SA11AI Transaction ID: SA11AI.9676

1mage# 14941878986 PAGE 101 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9677

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Use separate schedule(s) for each category of the Detailed Summary Page

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| (check only one) | | | | | | | | | |
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| | | 13 | | 14 | | 15 | | 16 | 17 |

| | the name and address of any political committee to | |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | IURSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Laura Kemp | | Date of Receipt |
| Mailing Address 1507 Napoleon Rd | | M = M / D = D / Y = Y = Y = Y = O6 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9678 |
| Bowling Green | OH 43402-4843 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 55.00 |
| Name of Employer | Occupation | |
| Rivercrest OB/GYN | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 105.00 | |
| Full Name (Last, First, Middle Initial) 3. Laura Kemp | | Date of Receipt |
| Mailing Address 1507 Napoleon Rd | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9679 |
| Bowling Green | OH 43402-4843 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 75.00 |
| Name of Employer | Occupation | |
| Rivercrest OB/GYN | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 180.00 | |
| Full Name (Last, First, Middle Initial) Laura Kemp | | Date of Receipt |
| Mailing Address 1507 Napoleon Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9680 |
| Bowling Green | OH 43402-4843 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 26.00 |
| Name of Employer | Occupation | |
| Rivercrest OB/GYN | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 206.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 156.00 |
| TOTAL This Period (last page this line num | ber only) | |

1mage# 14941878988 PAGE 103 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9678

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Form/Schedule: SA11AI Transaction ID: SA11AI.9679

1mage# 14941878989 PAGE 104 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9680

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LIN | E NUMBER | : PAGI | E 105 OF | 191 | | | |
|------------------|----------|--------|----------|-----|--|--|--|
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| 13 | 14 | 15 | 16 | 17 | | | |

| or for commercial purposes, other than using | the name and address of any political committee to | o solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Carrie Klima | | Date of Receipt |
| Mailing Address 2624 N Spaulding Ave Apt Apt 1W | | 06 01 Y = Y = Y = Y = Y |
| City Chicago | State Zip Code IL 60647-1453 | Transaction ID : SA11AI.9681 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 31.00 |
| Name of Employer University of Illinois Chicago | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 81.00 | |
| Full Name (Last, First, Middle Initial) Carrie Klima Mailing Address 2624 N Spaulding Ave Apt Apt 1W | 1W | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Chicago | State Zip Code IL 60647-1453 | Transaction ID : SA11AI.9682 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 40.00 |
| Name of Employer University of Illinois Chicago | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 121.00 | |
| Full Name (Last, First, Middle Initial) Carrie Klima | | Date of Receipt |
| Mailing Address 2624 N Spaulding Ave Apr Apt 1W | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Chicago | State Zip Code IL 60647-1453 | Transaction ID : SA11AI.9683 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 115.00 |
| Name of Employer University of Illinois Chicago | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 236.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 186.00 |
| TOTAL This Period (last page this line numb | per only) | |

1mage# 14941878991 PAGE 106 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9681

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Form/Schedule: SA11AI Transaction ID: SA11AI.9682

1mage# 14941878992 PAGE 107 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9683

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : 1 | 08 OF | 191 |
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| (check only one) | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NO | JRSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) Kate Koschoreck | | Date of Receipt |
| Mailing Address 4950 Fenton St | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9684 |
| Denver | CO 80212-2723 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1250.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 1300.00 | |
| Full Name (Last, First, Middle Initial) Lisa A Lederer | | Date of Receipt |
| Mailing Address 6 Holly Dr | | 06 01 2014 |
| City Budd Lake | State Zip Code NJ 07828-1030 | Transaction ID : SA11AI.9685 |
| FEC ID number of contributing | | Amount of Each Receipt this Period |
| federal political committee. | C | 2000.00 |
| Name of Employer Hackettstown Midwives | Occupation | |
| Receipt For: | CNM | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Dorothy Lee | | Date of Receipt |
| Mailing Address 801 17th St. NE | | 06 01 2014 |
| City Washington | State Zip Code DC 20002-7200 | Transaction ID : SA11AI.9686 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Family Health & Birth Center | CNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 150.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 3350.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878994 PAGE 109 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9684

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Form/Schedule: SA11AI Transaction ID: SA11AI.9685

1mage# 14941878995 PAGE 110 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9686

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LIN | PAGE | : 1 | 11 OF | | 191 | | | |
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| (check only one) | | | | | | | | |
| X 11a | | 11b | | 11c | | 12 | | |
| 13 | | 14 | | 15 | | 16 | | 17 |

| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Janet Lewis | | Date of Receipt |
| Mailing Address 516 S 44th Street | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9687 |
| Philadelphia | PA 19104-3908 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70.00 |
| Name of Employer | Occupation | |
| University of Pennsylvania | CNM MSN MA | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 120.00 | |
| Full Name (Last, First, Middle Initial) Karen McGivney Liechti | | Date of Receipt |
| Mailing Address 7811 Cooper Ave | | 06 01 2014 |
| City | State Zip Code NE 68506-4725 | Transaction ID : SA11AI.9688 |
| Lincoln | 00000 11.20 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 118.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 118.00 | |
| Full Name (Last, First, Middle Initial) Cynthia Liu | | Date of Receipt |
| Mailing Address 4271 North First St. #83 | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City San Jose | State Zip Code CA 95134 | Transaction ID : SA11AI.9689 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Kaiser Permanente San Jose | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 200.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 288.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941878997 PAGE 112 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9687

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Form/Schedule: SA11AI Transaction ID: SA11AI.9688

1mage# 14941878998 PAGE 113 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9689

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 1 | 14 OF | 191 | |
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| X 11a 11b 13 | | | | | 15 | | 16 | 17 | |

| | the name and address of any political committee to | |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) Cynthia Liu | | Date of Receipt |
| Mailing Address 4271 North First St. #83 | | M = M / D = D / Y = Y = Y = Y = Y = O6 01 = 2014 = |
| City | State Zip Code | Transaction ID : SA11AI.9690 |
| San Jose | CA 95134 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 21.00 |
| Name of Employer | Occupation | 1 |
| Kaiser Permanente San Jose | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 221.00 | |
| Full Name (Last, First, Middle Initial) Jean M. M. MacBarron Mailing Address 26 Wompatuck Rd | | Date of Receipt |
| City | State Zip Code | 06 01 2014 Transaction ID : \$A11A1 9691 |
| Hingam | MA 02043-1126 | Transaction ID : SA11AI.9691 Amount of Each Receipt this Period |
| | | ranson to Laci neceipt this Period |
| FEC ID number of contributing federal political committee. | C | 140.00 |
| Name of Employer | Occupation | 1 |
| Cape Cod Hosptital | CNM MPH | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 140.00 | |
| Full Name (Last, First, Middle Initial) C. Molly MacMorris-Adix | | Date of Receipt |
| Mailing Address 4942 NE 34th Ave | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9692 |
| Portland | OR 97211-7606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 25.00 |
| Name of Employer | Occupation | |
| Unemployed - Student | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | Aggregate Teal-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number) | <u> </u> | 186.00 |
| IOIAL INIS Period (last page this line numb | per only) | |

1mage# 14941879000 PAGE 115 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9690

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Form/Schedule: SA11AI Transaction ID: SA11AI.9691

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1mage# 14941879001 PAGE 116 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9692

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | | | PAGE | 1 | 17 OF | 191 | |
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| | > | X | 11a | | 11b | | 11c | | 12 | |
| | | | 13 | | 14 | | 15 | | 16 | 17 |

| | the name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | , |
| Full Name (Last, First, Middle Initial) Molly MacMorris-Adix Mailing Address 4942 NE 34th Ave | | Date of Receipt |
| | | 06 012014 |
| City | State Zip Code | Transaction ID : SA11AI.9693 |
| Portland | OR 97211-7606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 87.00 |
| Name of Employer | Occupation | † |
| Unemployed - Student | SNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) | 127.00 | |
| Full Name (Last, First, Middle Initial) Molly MacMorris-Adix | | Date of Receipt |
| Mailing Address 4942 NE 34th Ave | | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9694 |
| Portland | OR 97211-7606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer | Occupation | |
| Unemployed - Student | SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) C. Diana Maize | | Date of Receipt |
| Mailing Address 403 Pontiac St | | 06 01 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9695 |
| Denver | CO 80220-6165 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 95.00 |
| Name of Employer | Occupation | |
| Univ. of CO | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 145.00 | |
| SUBTOTAL of Receipts This Page (optional) | · · · · · · · · · · · · · · · · · · · | 212.00 |
| TOTAL This Period (last page this line numb | per only) | |

1mage# 14941879003 PAGE 118 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9693

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Form/Schedule: SA11AI Transaction ID: SA11AI.9694

1mage# 14941879004 PAGE 119 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9695

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER | : PAG | E 120 OF | 191 | | | | |
|------------------|--------|-------|----------|-----|--|--|--|--|
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| 13 | 14 | 15 | 16 | 17 | | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than using the | ne name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Lelani J. Mason Mailing Address 829 Clayton Ave # A | | Date of Receipt |
| g . iss. see 525 Olayton Ave # A | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9696 |
| Nashville | TN 37204-3001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 75.00 |
| Name of Employer | Occupation | |
| Vanderbilt University | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 75.00 | |
| Full Name (Last, First, Middle Initial) Leah R. Maulding Mailing Address 608 Hummingbird St | | Date of Receipt |
| 01. | Olate Zin Onde | 06 01 2014 |
| City Lynn Haven | State Zip Code FL 32444-4369 | Transaction ID : SA11AI.9697 |
| FEC ID number of contributing federal political committee. | C 32444 4505 | Amount of Each Receipt this Period 24.00 |
| Name of Employer | Occupation | |
| Not Applicable | RN, BSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 24.00 | |
| Full Name (Last, First, Middle Initial) Mary N. Mayzel | | Date of Receipt |
| Mailing Address 1455 Andre St | | 06 01 2014 |
| City Baltimore | State Zip Code MD 21230-5305 | Transaction ID : SA11AI.9698 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 48.00 |
| Name of Employer | Occupation | |
| Not Applicable | MPIA, BSN, RN, SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 48.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 147.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879006 PAGE 121 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9696

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Form/Schedule: SA11AI Transaction ID: SA11AI.9697

1mage# 14941879007 PAGE 122 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9698

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | PAGE | 1 | 23 OF | | 191 | | |
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| or for commercial purposes, other than using the | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Goldie A. McBride Mailing Address 245 W 455 St | | Date of Receipt |
| Mailing Address 245 W 1st St | | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City West Jelin | State Zip Code NY 11795-2409 | Transaction ID : SA11AI.9699 |
| West Islip FEC ID number of contributing | | Amount of Each Receipt this Period |
| federal political committee. | C | 575.00 |
| Name of Employer | Occupation | |
| Stony Brook Midwifery Practice | СМ | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 575.00 | |
| Full Name (Last, First, Middle Initial) Goldie A. McBride | | Date of Receipt |
| Mailing Address 245 W 1st St | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9700 |
| West Islip | NY 11795-2409 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1100.00 |
| Name of Employer Stony Brook Midwifery Practice | Occupation | |
| Receipt For: | CM | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1675.00 | |
| Full Name (Last, First, Middle Initial) C. Michael M McCann | | Date of Receipt |
| Mailing Address 1551 Debra Drive | | 06 01 _ 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9701 |
| Smyrna | GA 30080 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| ACNM | CNM, ACNM BOD Member | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1925.00 |
| TOTAL This Period (last page this line number | · | |

1mage# 14941879009 PAGE 124 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9699

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Form/Schedule: SA11AI Transaction ID: SA11AI.9700

1mage# 14941879010 PAGE 125 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9701

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: (check only one) | | | | | | PAGE | 1 | 26 OF | | 191 | |
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| (check only one) | | | | | | | | | | | |
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| | he name and address of any political committee to | |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Mary Kay Miller Mailing Address 1956 King Arthurs Ct | | Date of Receipt |
| | | 06 01 2014 |
| City | State Zip Code | Transaction ID: SA11AI.9702 |
| Winter Park | FL 32792-1840 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Partners in Women's Health Care | CNM MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 60.00 | |
| Full Name (Last, First, Middle Initial) Mary Kay Miller Mailing Address 4056 King Arthur Ct | • | Date of Receipt |
| Mailing Address 1956 King Arthurs Ct | | 06 01 _2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9703 |
| Winter Park | FL 32792-1840 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 56.00 |
| Name of Employer | Occupation | |
| Partners in Women's Health Care | CNM MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 116.00 | |
| Full Name (Last, First, Middle Initial) Tonia Moore-Davis | | Date of Receipt |
| Mailing Address 1436 Station Four Lane | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Old Hickory | State Zip Code TN 37138 | Transaction ID : SA11AI.9704 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 68.00 |
| Name of Employer | Occupation | |
| Vanderbilt University | Certified Nurse-Midwife | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 118.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 134.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879012 PAGE 127 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9702

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Form/Schedule: SA11AI Transaction ID: SA11AI.9703

1mage# 14941879013 PAGE 128 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9704

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Use separate schedule(s) for each category of the Detailed Summary Page

| | _ | | _ | MBER | : | PAGE | 1 | 29 OF | 191 |
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| or for commercial purposes, other than using the | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Colleen Moreno | | Date of Receipt |
| Mailing Address 451 Meridian Ave | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9705 |
| San Jose | CA 95126-3420 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Not Applicable | SNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 35.00 | |
| Full Name (Last, First, Middle Initial) Kathleen Moriarty | | Date of Receipt |
| Mailing Address 21579 Sunflower Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9706 |
| Novi | MI 48375-5347 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 61.00 |
| Name of Employer | Occupation | |
| Detroit Wayne County Health Authority | CNM, PhD, CAFCI, RN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 111.00 | |
| Full Name (Last, First, Middle Initial) Cathleen Moriarty | | Date of Receipt |
| Mailing Address 21579 Sunflower Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Novi | State Zip Code MI 48375-5347 | Transaction ID : SA11AI.9707 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer | Occupation | |
| Detroit Wayne County Health Authority | CNM, PhD, CAFCI, RN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2111.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 2081.00 |
| TOTAL This Period (last page this line number | · | |

1mage# 14941879015 PAGE 130 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9705

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Form/Schedule: SA11AI Transaction ID: SA11AI.9706

1mage# 14941879016 PAGE 131 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9707

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER: | : PAGE | 132 OF | 191 |
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| or for commercial purposes, other than using t | the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Kathleen Moriarty | | Date of Receipt |
| Mailing Address 21579 Sunflower Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9708 |
| Novi | MI 48375-5347 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer | Occupation | |
| Detroit Wayne County Health Authority | CNM, PhD, CAFCI, RN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2361.00 | |
| Full Name (Last, First, Middle Initial) 3. Lonnie C Morris | | Date of Receipt |
| Mailing Address 4 Roberts Ct. | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9709 |
| Tenafly | NJ 07670-2001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 980.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1030.00 | |
| Full Name (Last, First, Middle Initial) . Heather Murphy | | Date of Receipt |
| Mailing Address 316 S 12th Ave | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9710 |
| Hattiesburg | MS 39401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer | Occupation | |
| Alivio Medical Center | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 110.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 1290.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879018 PAGE 133 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9708

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Form/Schedule: SA11AI Transaction ID: SA11AI.9709

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1mage# 14941879019 PAGE 134 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9710

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Use separate schedule(s) for each category of the Detailed Summary Page

| _ | | | _ | MBER | : | PAGE | 1 | 35 OF | 191 |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9711 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 16.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 66.00 | |
| Full Name (Last, First, Middle Initial) 3. Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9712 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 22.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 88.00 | |
| Full Name (Last, First, Middle Initial) Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9713 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 55.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 143.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 93.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941879021 PAGE 136 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9711

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Form/Schedule: SA11AI Transaction ID: SA11AI.9712

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1mage# 14941879022 PAGE 137 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9713

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Use separate schedule(s) for each category of the Detailed Summary Page

| | LINE | | | : | PAGE | 1 | 38 OF | 191 |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) A. Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9714 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 190.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 333.00 | |
| Full Name (Last, First, Middle Initial) 3. Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9715 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 17.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) C. Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 _ |
| City | State Zip Code | Transaction ID : SA11AI.9716 |
| Scott Depot | WV 25560-0213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 36.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 386.00 | |
| SUBTOTAL of Receipts This Page (optional) | ▶ | 243.00 |
| TOTAL This Period (last page this line numb | per only) | |

1mage# 14941879024 PAGE 139 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9714

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Form/Schedule: SA11AI Transaction ID: SA11AI.9715

1mage# 14941879025 PAGE 140 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9716

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Use separate schedule(s) for each category of the Detailed Summary Page

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| | he name and address of any political committee to | |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Angelita Nixon | | Date of Receipt |
| Mailing Address P.O. Box 213 | | 06 01 2014 |
| City Scott Depot | State Zip Code WV 25560-0213 | Transaction ID : SA11AI.9717 |
| Scott Depot FEC ID number of contributing | | Amount of Each Receipt this Period |
| federal political committee. | C | 10.00 |
| Name of Employer | Occupation | |
| Scenic Drive Midwives Receipt For: | CNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 396.00 | |
| Full Name (Last, First, Middle Initial) Carol C. Odonoghue | | Date of Receipt |
| Mailing Address 607 W Upsal St | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9718 |
| Philadelphia | PA 19119-3627 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Not Applicable Receipt For: | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 100.00 | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address 4331 Amberwood Ave | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9760 |
| Reno | NV 89509 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 15.00 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 30.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 125.00 |
| TOTAL This Period (last page this line number | r only) | |

1mage# 14941879027 PAGE 142 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9717

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Form/Schedule: SA11AI Transaction ID: SA11AI.9718

1mage# 14941879028 PAGE 143 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9760

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Use separate schedule(s) for each category of the Detailed Summary Page

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| or for commercial purposes, other than using | and Statements may not be sold or used by any per- g the name and address of any political committee t | |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF I | NURSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Kathryn Osborne | | Date of Receipt |
| Mailing Address 305 Coach House Dr. | | 06 01 / 2014 |
| City | State Zip Code WI 53714-2709 | Transaction ID : SA11AI.9719 |
| Madison | WI 53714-2709 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| Name of Employer | Occupation | |
| Frontier University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 130.00 | |
| Full Name (Last, First, Middle Initial) Kathryn Osborne | ' | Date of Receipt |
| Mailing Address 305 Coach House Dr. | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 06 01 2014 |
| Madison | WI 53714-2709 | Transaction ID : SA11AI.9720 Amount of Each Receipt this Period |
| FEC ID number of contributing | | |
| federal political committee. | C | 93.00 |
| Name of Employer | Occupation | |
| Frontier University | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 223.00 | |
| Full Name (Last, First, Middle Initial) C. Kathryn Osborne | | Date of Receipt |
| Mailing Address 305 Coach House Dr. | | M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| City | State Zip Code | Transaction ID : SA11AI.9721 |
| Madison | WI 53714-2709 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | - |
| Frontier University | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | 273.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | 223.00 |
| | <u> </u> | , |
| TOTAL This Period (last page this line nun | nber only) | |

1mage# 14941879030 PAGE 145 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9719

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Form/Schedule: SA11AI Transaction ID: SA11AI.9720

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1mage# 14941879031 PAGE 146 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9721

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Use separate schedule(s) for each category of the Detailed Summary Page

| | FOR LINE NUMBER: | | | | PAGE | 1 | 47 OF | 191 | | |
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| (check only one) | | | | | | | | | | |
| | | X | 11a | | 11b | | 11c | | 12 | |
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| | the name and address of any political committee to | |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | IURSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) A. Katie Page | | Date of Receipt |
| Mailing Address 225 Coffee Rd. Apt. 10 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9722 |
| Lynchburg | VA 24503 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 20.00 | |
| Full Name (Last, First, Middle Initial) Attie Page Mailing Address 225 Coffee Rd. | • | Date of Receipt |
| Apt. 10 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9723 |
| Lynchburg | VA 24503 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 70.00 | |
| Full Name (Last, First, Middle Initial) Elisa L Patterson | | Date of Receipt |
| Mailing Address 1535 Taft Ct | | 06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Louisville | State Zip Code CO 80027-1021 | Transaction ID : SA11AI.9724 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 45.00 |
| Name of Employer | Occupation | |
| Kaiser Permanente | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 45.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 115.00 |
| TOTAL This Period (last page this line number | per only) | |

1mage# 14941879033 PAGE 148 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9722

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Form/Schedule: SA11AI Transaction ID: SA11AI.9723

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1mage# 14941879034 PAGE 149 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9724

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | PAGE | 1 | 50 OF | 191 | |
|------------------|-----|--|-----|------|-----|-------|-----|----|
| (check only one) | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Dana B Perlman | | Date of Receipt |
| Mailing Address 723 Arden Road | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9725 |
| Jenkintown | PA 19046 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 58.00 |
| Name of Employer | Occupation | |
| Midwifery Institute of PA Univ | CNM MSN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 258.00 | |
| Full Name (Last, First, Middle Initial) Jennifer Perry-Hidalgo | | Date of Receipt |
| Mailing Address 326 River Bank Ln | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code NC 27834-7327 | Transaction ID : SA11AI.9726 |
| Greenville | NC 27834-7327 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 31.00 |
| Name of Employer | Occupation | |
| Cape Fear Valley Medical Center | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 81.00 | |
| Full Name (Last, First, Middle Initial) Jennifer Perry-Hidalgo | | Date of Receipt |
| Mailing Address 326 River Bank Ln | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9727 |
| Greenville | NC 27834-7327 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1100.00 |
| Name of Employer | Occupation | |
| Cape Fear Valley Medical Center | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1181.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 1189.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941879036 PAGE 151 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9725

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Form/Schedule: SA11AI Transaction ID: SA11AI.9726

1mage# 14941879037 PAGE 152 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9727

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Use separate schedule(s) for each category of the Detailed Summary Page

| | FOR LINE NUMBER: | | | | PAGE | : 1 | 53 OF | 191 | |
|------------------|------------------|-----|--|-----|------|-----|-------|-----|----|
| (check only one) | | | | | | | | | |
| | × | 11a | | 11b | | 11c | | 12 | |
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| | and Statements may not be sold or used by any pering the name and address of any political committee | |
|--|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF | NURSE-MIDWIVES MIDWIVES-PAG | |
| Full Name (Last, First, Middle Initial) A. Stacey Piccinati | | Date of Receipt |
| Mailing Address 11636 North St. Andrew | vs Way | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9728 |
| Scottsdale | AZ 85254 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 95.00 |
| Name of Employer | Occupation | + |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General | Aggregate real to bate ₹ | |
| Other (specify) ▼ | 145.00 | |
| Full Name (Last, First, Middle Initial) Stacey Piccinati | | Date of Receipt |
| Mailing Address 11636 North St. Andrew | s Way | M = M / D = D / Y = Y = Y |
| C:h. | Chata 7im Carla | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9729 |
| Scottsdale | AZ 85254 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 125.00 |
| Name of Employer | Occupation | |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 270.00 | |
| Full Name (Last, First, Middle Initial) C. Stacey Piccinati | <u>'</u> | Date of Receipt |
| Mailing Address 11636 North St. Andrew | vs Way | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9730 |
| Scottsdale | AZ 85254 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 63.00 |
| Name of Employer | Occupation | + |
| Not Applicable | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 333.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 283.00 |
| | | |
| TOTAL This Period (last page this line nu | mber only) | |

1mage# 14941879039 PAGE 154 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9728

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Form/Schedule: SA11AI Transaction ID: SA11AI.9729

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1mage# 14941879040 PAGE 155 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9730

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER | : PAGE | 156 OF | 191 |
|--------------|--------|--------|--------|-----|
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| 13 | 14 | 15 | 16 | 17 |

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|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Jennifer Poell | | Date of Receipt |
| Mailing Address 849 N Damen Ave Apt 304 | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Chicago | State Zip Code IL 60622-7205 | Transaction ID : SA11AI.9731 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Alivio Medical Center | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 50.00 | |
| Full Name (Last, First, Middle Initial) Jennifer Poell Mailing Address 849 N Damen Ave Apt 304 City | State Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Chicago | IL 60622-7205 | Transaction ID : SA11AI.9732 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 80.00 |
| Name of Employer Alivio Medical Center | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 130.00 | |
| Full Name (Last, First, Middle Initial) Sharon Rising | | Date of Receipt |
| Mailing Address 8737 Colesville Rd., Suite 30 | 07 | 06 01 2014 |
| City Silver Spring | State Zip Code MD 20910 | Transaction ID : SA11AI.9733 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 45.00 |
| Name of Employer Not Applicable | Occupation CNM FACNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 95.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 175.00 |
| TOTAL This Period (last page this line numbe | r only) | |

1mage# 14941879042 PAGE 157 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9731

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Form/Schedule: SA11AI Transaction ID: SA11AI.9732

1mage# 14941879043 PAGE 158 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9733

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | PAGE | 1 | 59 OF | 191 | |
|------------------|-----|--|-----|------|-----|-------|-----|----|
| (check only one) | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | |
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| | the name and address of any political committee to | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | , |
| Full Name (Last, First, Middle Initial) Lynneece M. Rooney | | Date of Receipt |
| Mailing Address 925 Gessner Road | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9734 |
| Houston | TX 77024 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.00 |
| Name of Employer | Occupation | 1 |
| MemorialSpringBranchMidwifery | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 110.00 | |
| Full Name (Last, First, Middle Initial) Lynneece M. Rooney Mailing Address on Course Based | · | Date of Receipt |
| Mailing Address 925 Gessner Road | | 06 01 _ 2014 _ |
| City | State Zip Code | 7 Transaction ID : SA11AI.9735 |
| Houston | TX 77024 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20.00 |
| Name of Employer | Occupation | 1 |
| MemorialSpringBranchMidwifery | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 130.00 | |
| Full Name (Last, First, Middle Initial) Lynneece M. Rooney | | Date of Receipt |
| Mailing Address 925 Gessner Road | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9736 |
| Houston | TX 77024 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer | Occupation | 1 |
| MemorialSpringBranchMidwifery | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| Primary General Other (specify) ▼ | 495.00 | |
| SUBTOTAL of Receipts This Page (optional). | <u> </u> | 395.00 |
| TOTAL This Period (last page this line numb | per only) | |

1mage# 14941879045 PAGE 160 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9734

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Form/Schedule: SA11AI Transaction ID: SA11AI.9735

1mage# 14941879046 PAGE 161 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9736

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | PAGE | : 1 | 62 OF | 191 | |
|------------------|--------------|-----|------|-----|-------|-----|----|
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| [| X 11a | 11b | | 11c | | 12 | |
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| or for commercial purposes, other than using t | he name and address of any political committee to | solicit contributions from such committee. |
|--|---|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Mairi Breen Rothman | | Date of Receipt |
| Mailing Address 7301 Garland Avenue | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9737 |
| Takoma Park | MD 20912-6417 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 35.00 |
| Name of Employer | Occupation | |
| M.A.M.A.S. Inc. | CNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 35.00 | |
| Full Name (Last, First, Middle Initial) Mairi Breen Rothman | | Date of Receipt |
| Mailing Address 7301 Garland Avenue | 7. 0 | 06 01 2014 |
| City Takoma Park | State Zip Code MD 20912-6417 | Transaction ID : SA11AI.9738 |
| _ | 200 12 0 111 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 325.00 |
| Name of Employer M.A.M.A.S. Inc. | Occupation | |
| | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |
| Full Name (Last, First, Middle Initial) Catherine Ruhl | | Date of Receipt |
| Mailing Address 5810 Wilmett Rd. | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Bethesda | State Zip Code MD 20817 | Transaction ID : SA11AI.9739 |
| FEC ID number of contributing federal political committee. | C 20817 | Amount of Each Receipt this Period 75.00 |
| Name of Employer | Occupation | |
| Providence Midwifery Svcs. | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 125.00 | |
| SUBTOTAL of Receipts This Page (optional) | • | 435.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879048 PAGE 163 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9737

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Form/Schedule: SA11AI Transaction ID: SA11AI.9738

1mage# 14941879049 PAGE 164 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9739

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | E NUMBER | : PAGE | E 165 OF | 191 | | | |
|------------------|----------|--------|----------|-----|--|--|--|
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| X 11a | 11b | 11c | 12 | | | | |
| 13 | 14 | 15 | 16 | 17 | | | |

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| or for commercial purposes, other than using the | ne name and address of any political committee to | solicit contributions from such committee. |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Devin A. Seman | | Date of Receipt |
| Mailing Address 6810 SW 26th Ave Apt 1 | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Portland | State Zip Code OR 97219 | Transaction ID : SA11AI.9767 |
| FEC ID number of contributing federal political committee. | C 3/213 | Amount of Each Receipt this Period 51.00 |
| Name of Employer Not employed - Student Receipt For: Primary General | Occupation SNM Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) | 51.00 | _ |
| Amanda Shafton Mailing Address 8954 Sunstone Ln | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Middleton | State Zip Code WI 53562-4277 | Transaction ID : SA11AI.9740 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 48.00 |
| Name of Employer Unemployed - Student | Occupation SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 63.00 | |
| Full Name (Last, First, Middle Initial) Janet C. Spinner | | Date of Receipt |
| Mailing Address 56 Elmwood Rd. | | 06 01 2014 _ |
| City New Haven | State Zip Code CT 06515-2242 | Transaction ID : SA11AI.9741 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 140.00 |
| Name of Employer South West Community Health Cnt. | Occupation CNM MSN | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 190.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 239.00 |
| TOTAL This Period (last page this line number | r only) | |

1mage# 14941879051 PAGE 166 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9740

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Form/Schedule: SA11AI Transaction ID: SA11AI.9741

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | 1 | 67 OF | | 191 |
|------------------|-----|--|-----|--|------|---|-------|--|-----|
| (check only one) | | | | | | | | | |
| X | 11a | | 11b | | 11c | | 12 | | |
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| | g the name and address of any political committee to | |
|---|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | NURSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) Lisa Summers | | Date of Receipt |
| Mailing Address 1220 Noyes Dr. | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9742 |
| Silver Spring | MD 20910 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer | Occupation | |
| FACNM | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |
| Full Name (Last, First, Middle Initial) Heather Suzette Swanson Mailing Address 257 22 Rd | | Date of Receipt |
| 201 ZZ 11U | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9743 |
| Wilcox | NE 68982 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70.00 |
| Name of Employer | Occupation | |
| Pine Ridge Hosp Nurse-Midwives | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 120.00 | |
| Full Name (Last, First, Middle Initial) . Heather Suzette Swanson | | Date of Receipt |
| Mailing Address 257 22 Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9744 |
| Wilcox | NE 68982 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Pine Ridge Hosp Nurse-Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 160.00 | |
| SUBTOTAL of Receipts This Page (optional | ıl) > | 610.00 |
| TOTAL This Period (last page this line num | ber only) | |

1mage# 14941879053 PAGE 168 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9742

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Form/Schedule: SA11AI Transaction ID: SA11AI.9743

1mage# 14941879054 PAGE 169 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9744

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER: | : PAGE | 170 OF | 191 | | | | |
|------------------|---------|--------|--------|-----|--|--|--|--|
| (check only one) | | | | | | | | |
| X 11a | 11b | 11c | 12 | | | | | |
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| or for commercial purposes, other than usin | g the name and address of any political committee to | solicit contributions from such committee. |
|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF I | NURSE-MIDWIVES MIDWIVES-PAC | · · · · · · · · · · · · · · · · · · · |
| Full Name (Last, First, Middle Initial) Heather Suzette Swanson Mailing Address 257 22 Rd | | Date of Receipt |
| City | State Zip Code | 06 01 2014 Transaction ID : SA11AI.9745 |
| Wilcox | NE 68982 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 65.00 |
| Name of Employer | Occupation | |
| Pine Ridge Hosp Nurse-Midwives | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |
| Full Name (Last, First, Middle Initial) Heather Suzette Swanson | <u>'</u> | Date of Receipt |
| Mailing Address 257 22 Rd | | 06 01 2014 |
| City Wilcox | State Zip Code NE 68982 | Transaction ID : SA11AI.9746 |
| | 30002 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 120.00 |
| Name of Employer Pine Ridge Hosp Nurse-Midwives | Occupation | |
| Receipt For: | CNM | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 345.00 | |
| Full Name (Last, First, Middle Initial) C. Heather Suzette Swanson | <u>'</u> | Date of Receipt |
| Mailing Address 257 22 Rd | | 06 01 2014 _ |
| City Wilcox | State Zip Code NE 68982 | Transaction ID : SA11AI.9747 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 35.00 |
| Name of Employer | Occupation | |
| Pine Ridge Hosp Nurse-Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 380.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | 220.00 |
| TOTAL This Period (last page this line nun | nber only) | |

1mage# 14941879056 PAGE 171 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9745

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Form/Schedule: SA11AI Transaction ID: SA11AI.9746

1mage# 14941879057 PAGE 172 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9747

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : 1 | 73 OF | | 191 |
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| or for commercial purposes, other than using the | ne name and address of any political committee to | solicit contributions from such committee. |
|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | ; |
| Full Name (Last, First, Middle Initial) A. Heather Suzette Swanson | | Date of Receipt |
| Mailing Address 257 22 Rd | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9748 |
| Wilcox | NE 68982 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer | Occupation | |
| Pine Ridge Hosp Nurse-Midwives | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 480.00 | |
| Full Name (Last, First, Middle Initial) 3. Tanya S. Tanner | 1 | Date of Receipt |
| Mailing Address 11164 Cherokee Street | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9749 |
| Northglenn | CO 80234-3918 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 45.00 |
| Name of Employer | Occupation | |
| Frontier Nursing University | CNM, ACNM BOD Member | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 95.00 | |
| Full Name (Last, First, Middle Initial) C. Tanya S. Tanner | 1 | Date of Receipt |
| Mailing Address 11164 Cherokee Street | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9750 |
| Northglenn | CO 80234-3918 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 40.00 |
| Name of Employer | Occupation | |
| Frontier Nursing University | CNM, ACNM BOD Member | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 135.00 | |
| | | |
| SUBTOTAL of Receipts This Page (optional) | > | 185.00 |
| TOTAL This Period (last page this line numbe | r only) | |

1mage# 14941879059 PAGE 174 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9748

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Form/Schedule: SA11AI Transaction ID: SA11AI.9749

1mage# 14941879060 PAGE 175 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9750

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : 1 | 76 OF | | 191 |
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| | Statements may not be sold or used by any pers he name and address of any political committee to | |
|--|---|--|
| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | ` |
| Full Name (Last, First, Middle Initial) Mary C Thompson Mailing Address 4904 Razorback Run | | Date of Receipt |
| City | State Zip Code | 06 01 2014 |
| City Syracuse | NY 13215-1347 | Transaction ID : SA11AI.9751 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer | Occupation | 1 |
| Crouse Hospital | CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 150.00 | |
| Full Name (Last, First, Middle Initial) 3. Ellen Tilden | 1 | Date of Receipt |
| Mailing Address 2805 SE Yamhill St | | M M / D D / Y Y Y Y Y |
| City | State Zip Code | 06 01 2014 Transaction ID : SA11AI.9752 |
| Portland | OR 97214-4038 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 40.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 55.00 | |
| Full Name (Last, First, Middle Initial) C. Stephanie N Tillman | | Date of Receipt |
| Mailing Address 1070 W 15th St Unit 153 | | 06 01 2014 |
| City | State Zip Code | Transaction ID : SA11AI.9753 |
| Chicago | IL 60608-1872 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer | Occupation | 1 |
| Yale Univ. School of Nursing | SNM | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 200.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 290.00 |
| TOTAL This Period (last page this line number | <u>·</u> _ | |

1mage# 14941879062 PAGE 177 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9751

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Form/Schedule: SA11AI Transaction ID: SA11AI.9752

1mage# 14941879063 PAGE 178 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9753

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | | PAGE | 1 | 79 OF | 191 |
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| or for commercial purposes, other than using the | he name and address of any political committee to | solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NU | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Diane E. Utz | | Date of Receipt |
| Mailing Address 12541 Foster Street | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9754 |
| Overland Park | KS 66213 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 180.00 |
| Name of Employer | Occupation | |
| St. Luke's Medical Group | CNM | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 230.00 | |
| Full Name (Last, First, Middle Initial) Cecilia Wachdorf | | Date of Receipt |
| Mailing Address 3554 Polk St NE | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : SA11AI.9755 |
| Minneapolis | MN 55418-1323 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 10.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 60.00 | |
| Full Name (Last, First, Middle Initial) Cecilia Wachdorf | | Date of Receipt |
| Mailing Address 3554 Polk St NE | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Minneapolis | State Zip Code MN 55418-1323 | Transaction ID : SA11AI.9756 |
| FEC ID number of contributing federal political committee. | C 55418-1323 | Amount of Each Receipt this Period 80.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 140.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 270.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879065 PAGE 180 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9754

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Form/Schedule: SA11AI Transaction ID: SA11AI.9755

1mage# 14941879066 PAGE 181 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9756

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE | NUMBER | : PAGE | 182 OF | 191 | | | | |
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| | the name and address of any political committee to | |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Deborah S Walker Mailing Address 6180 First St. | | Date of Receipt |
| | Stato 7in Code | 06 01 2014 |
| City Superior Township | State Zip Code MI 48198-9647 | Transaction ID : SA11AI.9757 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period |
| Name of Employer Wayne State Univ. College of Nursing | Occupation CNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |
| Full Name (Last, First, Middle Initial) Kira Waters Mailing Address 242 F Occurs Bides Week | | Date of Receipt |
| Mailing Address 910 E Canyon Ridge Way A City Midvale | Apt 10 State Zip Code UT 84047-4450 | Transaction ID : SA11AI.9758 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 64047-4450 | Amount of Each Receipt this Period 20.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 35.00 | |
| Full Name (Last, First, Middle Initial) Chelsea C Webb | | Date of Receipt |
| Mailing Address 4242 Spruce St. 2F | | 06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Philadelphia | State Zip Code PA 19104-4098 | Transaction ID : SA11AI.9759 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 90.00 |
| Name of Employer N/A | Occupation SNM | - |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | - |
| | | 200.00 |
| SUBTOTAL of Receipts This Page (optional) | > | 260.00 |
| TOTAL This Period (last page this line numb | er only) | |

1mage# 14941879068 PAGE 183 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9757

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Form/Schedule: SA11AI Transaction ID: SA11AI.9758

1mage# 14941879069 PAGE 184 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9759

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Use separate schedule(s) for each category of the Detailed Summary Page

| | | | | | PAGE | 1 | 85 OF | | 191 | | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NO | JRSE-MIDWIVES MIDWIVES-PAC | |
| Full Name (Last, First, Middle Initial) A. Alisha Wilkes | | Date of Receipt |
| Mailing Address 19225 SE 136th St | | 06 01 2014 |
| City Renton | State Zip Code WA 98059-7231 | Transaction ID : SA11AI.9761 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 77.00 |
| Name of Employer | Occupation RN, BSN, SNM | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 92.00 | |
| Full Name (Last, First, Middle Initial) Melissa Willmarth Mailing Address 904 Baccarat Dr | | Date of Receipt |
| City Cincinnati | State Zip Code OH 45245-1981 | 06 01 2014 Transaction ID : SA11AI.9766 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 100.00 | |
| Full Name (Last, First, Middle Initial) 2. Judy Wolberg | | Date of Receipt |
| Mailing Address 52 Hastings Rd | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Belmont | State Zip Code MA 02478-2308 | Transaction ID : SA11AI.9762 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 22.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 72.00 | |
| SUBTOTAL of Receipts This Page (optional). | | 149.00 |
| TOTAL This Period (last page this line number | er only) | |

1mage# 14941879071 PAGE 186 / 191

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9761

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Form/Schedule: SA11AI Transaction ID: SA11AI.9766

1mage# 14941879072 PAGE 187 / 191

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9762

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Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: | | | | | PAGE | : 1 | 88 OF | | 191 | |
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| or for commercial purposes, other than using | the name and address of any political committee to | solicit contributions from such committee. | | | | |
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| NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N | URSE-MIDWIVES MIDWIVES-PAC | ; | | | | |
| Full Name (Last, First, Middle Initial) Judy Wolberg Mailing Address 52 Hastings Rd | | Date of Receipt | | | | |
| City Belmont | State Zip Code MA 02478-2308 | Transaction ID : SA11AI.9763 | | | | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period 22.00 | | | | |
| Name of Employer | Occupation | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 94.00 | | | | | |
| Full Name (Last, First, Middle Initial) 3. Mailing Address | | Date of Receipt | | | | |
| City | State Zip Code | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | |
| Name of Employer | Occupation | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | | | | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt | | | | |
| Mailing Address City | State Zip Code | M = M / D = D / Y = Y = Y | | | | |
| FEC ID number of contributing federal political committee. | C Zip Code | Amount of Each Receipt this Period | | | | |
| Name of Employer | Occupation | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 22.00 | | | | |
| TOTAL This Period (last page this line numb | er only) | 27360.00 | | | | |

1mage# 14941879074 PAGE 189 / 191

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: SA11AI Transaction ID: SA11AI.9763

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| SCHEDULE B (FEC Form 3X) | | | | F05 | PAGE 190 OF 191 | | | | | | |
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| or | for commercial purposes, other than using the nam | e and address of a | ny politica | I committee to | solicit contrib | utions f | rom such | commi | ttee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| $ \ \rangle$ | AMERICAN COLLEGE OF NURSE | -MIDWIVES | MIDWI | VES-PAC | | | | | | | |
| V | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| A. | Bank of America | | | | Date of Dis | sbursem | ent | | | | |
| | | | | | M M / | D D | / Y | Y Y | Y | | |
| | Mailing Address 7810 Old Branch Avenue | | | | 06 | 02 | 11. | 2014 | . | | |
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| | City | State Zip Co | de | | | | 00010.00 | | | | |
| | Clinton | MD 20735 | | | Transact | on ID : | SB21B.97 | 68 | | | |
| | Purpose of Disbursement | | | | | | | | | | |
| | Bank Fee | | | | Amount of | Each D | isburseme | nt this | Period | | |
| | Candidate Name | | | Catagony | | - | | - | - | | |
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| | Office Sought: House Disbursen | nent For: | | .,,,,, | | | | | | | |
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| D | • | | | | Date of Dis | huroom | ont | | | | |
| Ь. | Bank of America | | | | Date of Dis | spursem | | | | | |
| | Marker Address State | | | | M = M / | D D | / Y | Y Y | Y | | |
| | Mailing Address 7810 Old Branch Avenue | | 06 | 12 | | 2014 | _ | | | | |
| | C:4. | | | | | | | | | | |
| | , | • | | | Transaction ID : SB21B.9771 | | | | | | |
| | Purpose of Disbursement | 20733 | , | | | | | | | | |
| | Wire Transfer Fee | | | | Amount of | Fach D | iehureama | nt this | Pariod | | |
| | Candidate Name | | | | 7 tillourit of | Luoii B | iobarocinic | | 1 01100 | | |
| | Candidate Name | | | Category/ | | | | 1 | 5.00 | | |
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| | | , | enerai | | | | | | | | |
| | | Other (specify) | | | | | | | | | |
| _ | State: District: | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| C. | Paypal INC | | | | Date of Dis | sbursem | ent | | | | |
| | | | | | M = M / | D D | / Y | Y Y | Y | | |
| | Mailing Address 4100 Solutions Center #774100 | | | | 06 | 03 | J L. | 2014 | | | |
| | | | | | | | | | | | |
| | | · | | | Transact | ion ID : | SB21B.97 | 70 | | | |
| | Chicago | IL 60677 | | | | | | - | | | |
| B. | Purpose of Disbursement Paypal Fee | | | | | | | | | | |
| | • | ation copied from such Reports and Statements may not be sold or used by any mercial purposes, other than using the name and address of any political comming of COMMITTEE (In Full) RICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES- The Clast, First, Middle Initial) Of America Address 7810 Old Branch Avenue State Zip Code MD 20735 Tof Disbursement elements may be sold or used by any mercial purposes, other than using the name and address of any political comming of America Address 7810 Old Branch Avenue State Zip Code MD 20735 Tof Disbursement For: Senate President District: The Clast, First, Middle Initial) Of America Address 7810 Old Branch Avenue State Zip Code MD 20735 Tof Disbursement For: Senate Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ Tof Disbursement For: Senate Primary General Other (specify) ▼ | | Amount of | Each D | isburseme | nt this | Period | | | |
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